

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531085

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4				1		
5	1	(1)		1		
6	1					
7		2		1		
8		(2)		1		
9						
10		(2)		1		
11		(2)		1		
12				1		
13		(2)		1		
14		(2)		1		
15		(2)		1		
16		(2)		1		
17		(1)		1		
18		(1)		1		
19		(1)		1		
20		(2)		1		
21		(2)		1		
22		(2)		1		
23		(2)		1		
24		(2)		1		
25		(1)		1		
26	1		1			
27	1		1			
28				1		
29		(1)		1		
30		(1)		1		
31		(1)		1		
32		(1)		1		
33	1		1			
34	1		1			
35		(1)		1		
36		(1)		1		
37		(1)		1		
38		(1)		1		
39		(1)		1		
40		(2)		1		
41		(1)		1		
42		(1)		1		
43		(1)		1		
44		(1)		1		
45		(2)		1		
46		(2)		1		
47		(2)		1		
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			44			
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						